

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Acute PM&R Level B
Contracted Facilities
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No. 00-41 MAA
Issued: August 15, 2000

From: James C. Wilson, Assistant Secretary
Medical Assistance Administration

Subject: **Updates to the Acute Physical Medicine and Rehabilitation (Acute PM&R) Level B Program Reimbursement Rate, Billing Procedures, and Contract Format**

The Medical Assistance Administration (MAA) updated the following areas of the Acute PM&R Level B Program: Reimbursement Rates, Billing Procedures, and Contract Formats.

Reimbursement Rates

- **For dates of service on and after November 1, 1998**, MAA increased the daily rate from \$450 to \$461 per day.
- **For dates of service on and after November 1, 1999**, MAA increased the daily rate from \$461 to \$475 per day.



Note: Do not rebill your claims to receive these new reimbursement amounts. MAA will automatically adjust all paid claims with dates of service on and after November 1, 1998.


New Billing Procedures

Retroactive to dates of service on and after April 1, 2000, MAA made the following changes to its billing procedures for the Acute PM&R Level B Program:

- Providers must use revenue code 101 to bill MAA's Acute PM&R Level B per diem rate by entering the per diem rate in form locator 44 (HCPCS/Rates). Enter R2 in form locator 32 (Occurrence Code).
- MAA has changed the billing function of revenue code 128. Revenue code 128 now bills your usual and customary charge rather than your contract per diem rate. MAA uses this revenue code as a tracking device for the relationship between your per diem rate and your charges. Enter your usual and customary charges under form locators:
 - ✓ 47 (Total Charges), and
 - ✓ 48 (Noncovered Charges).


New Billing Procedures (Cont.)

- When billing for services for the same stay, providers must make multiple line-entries on the same UB-92 claim form using revenue codes 101 and 128.
- Total charges must be equal to the sum of all the revenue codes entered.
- Condition and Occurrence Code Procedures: You must distinguish between Level A and Level B Acute PM&R charges when billing MAA. Use the following indicators:
 - ✓ For **manual billing systems**, enter **R1** for Level A or **R2** for Level B in fields 24 through 30 (Condition Codes) on the UB-92 claim form; or
 - ✓ For **on-line billing systems**, enter **R1** for Level A or **R2** for Level B in the Occurrence Code space (OCC-CD:).

 **Note:** Continue to use revenue code 128 to bill the per diem rate for dates of service prior to April 1, 2000. Refer to pages 20 - 22 in MAA's Acute PM&R Billing Instructions, dated September 1999, for information concerning services that are included in the Level B daily rate.

Contract Format Update

In April 2000, MAA rewrote and mailed the Acute PM&R Level B contracts for private and public sector entities. Our goal is to have clearer, more understandable contracts.

 **Note:** For detailed information about the Acute PM&R Level B Program, download a copy of MAA's Level A & B Acute Physical Medicine and Rehabilitation (Acute PM&R) Billing Instructions, dated September 1999, by accessing the "Billing Instructions" link on MAA's website at <http://maa.dshs.wa.gov>. If you do not have access to the Internet, please call MAA's Provider Relations Unit at 1-800-562-6188 and request a hard copy of this billing instruction be mailed to you.

Sample UB-92 form



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